



USAID
FROM THE AMERICAN PEOPLE

KYRGYZSTAN

TUBERCULOSIS PROFILE



After the collapse of the Soviet Union, tuberculosis (TB) re-emerged as a major public health threat in Kyrgyzstan. In 1996, Kyrgyzstan became the first Central Asian Republic to adopt DOTS (the internationally recommended strategy for TB control) as the national TB control strategy. DOTS coverage, including in the penitentiary system, has been at 100 percent since 2004. The World Health Organization (WHO) target for the DOTS treatment success rate (85 percent) was reached in 1996, and high levels have been sustained since then. The DOTS case detection rate has improved over the last five years, but has not yet reached the WHO target of 70 percent. The reported TB incidence and case fatality rates increased throughout the mid-1990's, but recently, both the estimated TB incidence rate (123 cases per 100,000 population) and TB mortality rate (18 per 100,000 population) have started to decline, though mortality and incidence are still twice as high as compared with the WHO European Regional average.

TB control interventions are guided by the National TB Control Program (NTCP) for 2006–2010. Kyrgyzstan has made substantial progress toward the use of modern treatment approaches and integrated service delivery. TB case detection is primarily passive, and primary health care (PHC) providers are responsible for identification of TB suspects and their referral to the TB service. Even though Kyrgyzstan is one of the most advanced countries in the region in the implementation of DOTS, there are a number of issues that require increased efforts to sustain and build on the progress achieved. These challenges include the rising rate of multidrug-resistant (MDR) TB, a weakening of health services due to political instability, and emigration of skilled professionals.

Kyrgyzstan has the sixth highest rate of MDR-TB in the world. Preliminary results from a small sample drug resistance survey in 2007 in Bishkek City estimated MDR-TB to be around 16 percent among new cases and 54 percent among previously treated cases. This survey, however, is not representative of the prevalence of MDR-TB nationally, and USAID and the CDC may support a national drug resistance survey to better estimate the true extent of the problem. Extensively drug-resistant TB has also been reported in prisons. Kyrgyzstan is the first country among the Central Asian countries to have started a program to prevent and control MDR-TB in prisons. Kyrgyzstan is also one of WHO's 25 priority countries for MDR-TB programming, and WHO is providing increased support to Kyrgyzstan for improvements in infection control measures and for increased use of quality-assured first- and second-line anti-TB drugs.

USAID Approach and Key Activities

Since 1997, USAID has been working with the Ministry of Health to assist with DOTS implementation, initially through support to the National TB Institute. Since 2001, USAID has been working to strengthen the DOTS monitoring system. Through Project HOPE, USAID's main partner in the country, USAID now supports the NTCP by improving political support; strengthening TB services and TB surveillance systems; improving laboratory quality, rational drug management, and infection control; and increasing communication and social mobilization for health workers, patients, and the community. USAID also helps the Kyrgyz Government in implementing grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In addition, USAID provides a grant to WHO for improving the laboratory network. USAID assistance supports the following activities

- Improving the capacity of the national coordinators for the NTCP in program planning, supervision, monitoring, and the interpretation of data for action at the national level
- Expanding and strengthening existing MDR-TB interventions
- Strengthening the National Infectious Disease Reference Laboratory and the TB laboratory network, and improving laboratory quality through training and supervision

Country Population	5,259,000
Est. number of new TB cases	6,454
Est. TB incidence (all cases per 100,000 pop)	123
DOTS population coverage (%)	100
Rate of new SS+ cases (per 100,000 pop)	55
DOTS case detection rate (new SS+) (%)	63
DOTS treatment success rate, 2005 (new SS+) (%)	85
Est. new adult TB cases (HIV) + (%)	0.4
New multidrug-resistant TB cases (%)	14.7
WHO Global TB Report 2008 and WHO Anti-Tuberculosis Drug Resistance in the World Report, 2008	

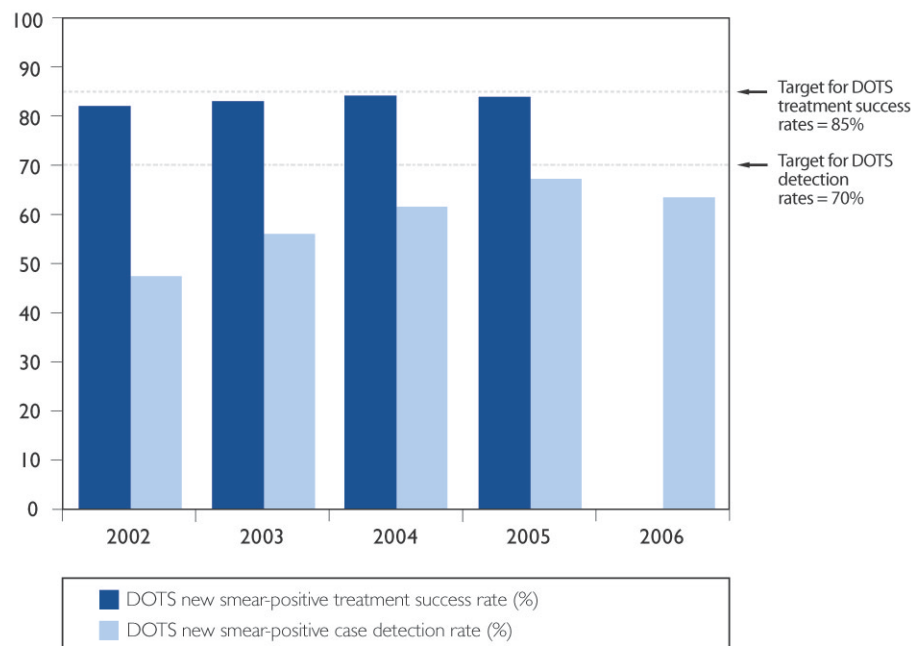
- Conducting information, education, and communication (IEC) activities for the population, TB patients, and medical workers to increase adherence to treatment and improve treatment delivery
- Supporting medical teaching institutions to revise curricula and implement DOTS as part of their educational programs
- Providing technical assistance (TA) to national level thematic working groups, which develop guidelines on laboratory, training, TB in prisons, drug management, monitoring and evaluation, IEC, MDR-TB, and TB-HIV/AIDS

USAID Program Achievements

USAID's assistance and support have led to improvements in TB prevention and control activities, including the following achievements:

- Provided technical support for the first drug sensitivity testing survey in 2008
- Trained 393 TB specialists, 1,986 PHC doctors, 183 nurses, and 94 other staff on DOTS and trained 12 lab technicians on sputum smear microscopy
- Developed training materials on drug sensitivity testing and trained 91 lab specialists in diagnostics in fiscal year 2007
- Trained journalists on TB issues in order to improve the accuracy of the local media reporting on TB and to increase outreach and awareness within the media to better inform the public
- Integrated DOTS into medical education to build the country's capacity to control TB by including DOTS strategy in the curricula of pre- and post-service education
- Developed a national behavior change strategy, which has been adopted for nationwide implementation
- Implemented a pilot logistics management information system in the Talas Oblast, which rolled out nationwide in 2008
- Supported the country to implement the TB electronic surveillance and case management system nationwide and trained 13 specialists to use the software
- Assisted the government to draft a TB referral regulation linking PHC and penitentiary systems
- Engaged communities and civil society in TB control through a small grants program, resulting in 10 workshops targeting railway staff and education institutions, the development of informational materials, and four performances on TB, which were attended by 10,000 schoolchildren, their parents, and teachers
- Provided assistance to the National TB Center in preparing its application to the Global Drug Facility for pediatric TB drugs, which enabled for first time ever pediatric TB drugs to become available in the country

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2006 will be reported in the 2009 global report.
Source: Global tuberculosis control: Surveillance, planning, financing: WHO report 2008.

Partnerships

USAID's main partner in Kyrgyzstan is Project HOPE, which is part of a consortium that includes three other partners: the New Jersey Medical School Global Tuberculosis Institute, John Snow, Inc., and Johns Hopkins University's Center for Communications Programs. Other donors include the KfW (German Development Bank), the International Committee of the Red Cross, and Medecins Sans Frontieres. WHO also provides TA. Kyrgyzstan received Round 2 funding from the Global Fund for \$2.8 million in 2003 and Round 6 funding for \$4.2 million in 2007 for TB control.